

Panorama AEFI Data Reporting Tips – Updated 2017

A review of AEFI reports entered into Panorama has revealed common data entry mistakes. Panorama users should review this document to help avoid future data entry errors. This will help to improve surveillance and clinical interpretation. Please refer to the [Panorama AEFI Data Entry Guidelines](#) to access the full guide.

1. Always select a local reaction before selecting corresponding descriptors:

Local reaction at or near injection site

*Onset:

mins hours days

*Duration:

mins hours days

Unresolved

Onset is mins/hrs/days from immunization to onset of first symptom or sign.

Duration is from onset of 1st symptom/sign to resolution of all symptoms/signs.

Infected abscess Sterile abscess Cellulitis Nodule Reaction crosses joint Lymphadenitis Other, specify

Date	Comments	Recorded By
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For any injection site reaction indicated above, check all that apply below and provide details in the comments area in this section:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Swelling | <input checked="" type="checkbox"/> Pain | <input checked="" type="checkbox"/> Tenderness | <input type="checkbox"/> Erythema | <input type="checkbox"/> Warmth |
| <input type="checkbox"/> Induration | <input type="checkbox"/> Rash | <input type="checkbox"/> Largest diameter of injection site reaction (cm):
<input type="text"/> | <input type="checkbox"/> Site(s) of reaction
<input type="text"/> | <input type="checkbox"/> Palpable fluctuance |
| <input type="checkbox"/> Fluid collection shown by imaging technique (e.g. MRI, CT, ultrasound) | <input type="checkbox"/> Spontaneous /surgical drainage | <input type="checkbox"/> Microbial results | <input type="checkbox"/> Lymphangitic streaking | <input type="checkbox"/> Regional lymphadenopathy |

2. Always select “Anaphylaxis” or “other allergic events” before selecting corresponding descriptors:

If a client only reports GI symptoms, this is not to be reported under “Anaphylaxis or other allergic events.” Instead, report this under “Other Severe or Unusual Events.”

Anaphylaxis or Other allergic events

Anaphylaxis
 Other allergic events

*Onset:

mins hours days

*Duration:

mins hours days

Unresolved

Onset is mins/hrs/days from immunization to onset of first symptom or sign.

Duration is from onset of 1st symptom/sign to resolution of all symptoms/signs.

- Skin/Mucosal
- GENERALIZED At injection site Non-injection site Urticaria Erythema
 Pruritus Frickle sensation
- LOCALIZED At injection site Non-injection site Urticaria Erythema
 Pruritus Frickle sensation
- EYES Red Itchy

3. Always select the neurological event before selecting corresponding descriptors:

Neurologic event

***Onset:** mins hours days

***Duration:** mins hours days

Unresolved

Onset is mins/hrs/days from immunization to onset of first symptom or sign.
Duration is from onset of 1st symptom/sign to resolution of all symptoms/signs.

Seizure(s) (check all that apply)

Witnessed by healthcare professional Yes No Unknown

Sudden loss of consciousness Yes No Unknown

Focal Tonic Clonic Tonic-Clonic Atonic

Generalized Tonic Clonic Tonic-Clonic Atonic

Previous history of seizures Febrile Afebrile Unknown type

> Meningitis

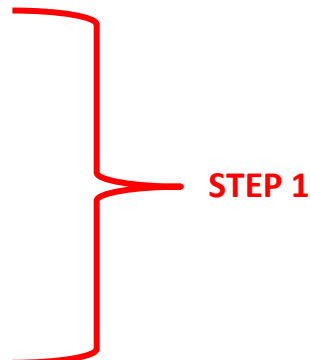
> Encephalopathy/Encephalitis

> Guillain-Barré Syndrome (GBS)

> Bell's Palsy

> Other Paralysis

> Other neurologic diagnosis, specify



For any neurologic event indicated above, check all that apply below and provide details in the comments area in this section:

Depressed/alterd level of consciousness, lethargy or personality change lasting >= 24hrs

Focal or multifocal neurologic sign(s)

Fever(>=38.0 C)

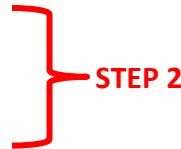
CSF abnormality

EEG abnormality

EMG abnormality

Neuroimaging abnormality

Brain/spinal cord histopathologic abnormality



4. Always include the outcome of the event when reporting.

5. Ensure rashes are reported correctly:

There are several different fields where rashes can be recorded in Panorama depending on the type of rash. Please use the following information to help guide where to report rashes:

Type of Rash	Where to Enter the Rash in Panorama
Localized rash at the injection site	Local reaction at or near injection site > Other, Specify > Rash
Localized allergic rash	Anaphylaxis or other allergic events > Skin/mucosal > Localized > Select "At injection site" or "non-injection site" > Specify rash in comment field No. 34
Generalized allergic rash	Anaphylaxis or other allergic events > Skin/mucosal > Generalized > Select "At injection site" and/or "non-injection site" > Specify rash in comment field No. 34
Generalized rash	Other defined events of interest > Rash > Generalized
Localized rash at non-injection site	Other defined events of interest > Rash > Localized a non-injection site

Once you have determined where the rash needs to be entered in Panorama, the following screenshots assist you in completing the report:

*** AEFI Details** Hide AEFI Details

Adverse events following an immunization. Sections or items with an arrow (>) must be diagnosed by a physician. Open the reaction groups that apply. Specify the reaction details in the sections that will appear below.

- Local reaction at or near injection site** Show

- Anaphylaxis or Other allergic events** Show

- Neurologic event** Show

- Other defined events of interest** Show

a) For rashes that fall under “local reaction at or near injection site”:

*** AEFI Details** Show AEFI Details

Adverse events following an immunization. Sections or items with an arrow (>) must be diagnosed by a physician. Open the reaction groups that apply. Specify the reaction details in the sections that will appear below.

Local reaction at or near injection site Show

*** Onset:** *** Duration:**

 Unresolved
 Onset is mins/hrs/days from immunization to onset of first symptom or sign. Duration is from onset of 1st symptom/sign to resolution of all symptoms/signs.

Infected abscess
 Sterile abscess
 Cellulitis
 Nodule
 Reaction crosses joint
 Lymphadenitis
 Other , specify

Select this first

You may enter any pertinent rash information here.

(4000 characters)

For any injection site reaction indicated above, check all that apply below and provide details in the comments area in this section:

<input type="checkbox"/> Swelling	<input type="checkbox"/> Pain	<input type="checkbox"/> Tenderness	<input type="checkbox"/> Erythema	<input type="checkbox"/> Warmth
<input type="checkbox"/> Induration	<input type="checkbox"/> Rash	<input type="checkbox"/> Largest diameter of injection site reaction (cm): <input type="text"/>	<input type="checkbox"/> Site(s) of reaction: <input type="text"/>	<input type="checkbox"/> Palpable fluctuance
<input type="checkbox"/> Fluid collection shown by imaging technique (e.g. MRI, CT, ultrasound)	<input type="checkbox"/> Spontaneous /surgical drainage	<input type="checkbox"/> Microbial results	<input type="checkbox"/> Lymphangitic streaking	<input type="checkbox"/> Regional lymphadenopathy

Select rash →

b) For rashes that fall under “anaphylaxis or other allergic events”:

Anaphylaxis or Other allergic events Hide

Anaphylaxis
 Other allergic events

Clear

*** Onset:** 0 0 9 mins hours days
*** Duration:** 0 0 999 mins hours days

Unresolved Onset is mins/hrs/days from immunization to onset of first symptom or sign. Duration is from onset of 1st symptom/sign to resolution of all symptoms/signs.

Skin/Mucosal
 Second, select between generalized or localized

GENERALIZED
 At injection site Non-injection site
 Pruritus Prickle sensation
 Urticaria Erythema

LOCALIZED
 At injection site Non-injection site
 Pruritus Prickle sensation
 Urticaria Erythema

EYES Red Itchy
 ANGIOEDEMA Tongue Throat Uvula Larynx
 Lip Eyelids Limbs Other, specify

Cardio-vascular Measured hypotension Decreased central pulse volume Capillary refill time >3sec Tachycardia
 Decreased or loss of consciousness

Respiratory Sneezing Rhinorrhea Hoarse voice Sensation of throat closure
 Stridor Dry cough Tachypnea Wheezing
 Indrawing/retractions Grunting Cyanosis

Gastro intestinal Diarrhea Abdominal pain Nausea Vomiting

Enter applicable rash information here

(3971 characters) Add

c) For rashes that fall under “other defined events of interest:”

Other defined events of interest Hide

*** Onset:** 0 0 0 mins hours days
*** Duration:** 0 0 0 mins hours days

Unresolved Onset is mins/hrs/days from immunization to onset of first symptom or sign. Duration is from onset of 1st symptom/sign to resolution of all symptoms/signs.

Hypotonic-Hyporesponsive Episode (age < 2 years)
 Limpness
 Pallor/cyanosis
 Reduced responsiveness/unresponsiveness

Rash (for Rash at injection site or Rash in allergic reaction, use other section)
 Generalized Localized at non-injection site

> Intussusception
 Arthritis (check all that apply)
 Joint redness
 Joint warm to touch
 Joint swelling
 Inflammatory changes in synovial fluid

Parotitis (parotid gland swelling with pain and/or tenderness)

> Thrombocytopenia
 Clinical evidence of bleeding
 Platelet count <150 x 10⁹/L

Oculo-Respiratory Syndrome (ORS) (Note: this is different from allergic/respiratory symptoms)
 Bilateral red eyes
 Cough
 Wheeze
 Sore throat
 Difficulty swallowing
 Difficulty breathing
 Chest tightness
 Hoarseness
 Facial swelling

Fever >= 38.0 C
 Other severe events not listed above

First select "rash" then specify whether it is a generalized rash or localized at non-injection site